This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	06/16/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	x	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Spring City Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 729 (Number, street, rural route, apartment, or suite number)
		Spring City, TN 37381 (City, town, state, zip)
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Spring City Cable TV, Inc.	0
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	OTATE
First	Spring City	TN
Community	Rhea County	TN
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SYS	TEM ID
Name	Spring City Cable TV, In	с.								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU pace E should on ay cable) in spa (June 30 or De blocks in space (transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr Where an ind	cover all and radic ace F, nc ecember te E call t service. I s in that ndicated- n categor 0/mth"). or advan form list ibers. Gi lividual o	categories of b broadcasts t here. All the 31, as the ca or the number n general, yo category (the —not the num y of service. Summarize a ce payment. s the categor ve the number r organizatior	secondar by your sy a facts you se may be er of subso u can com number of ber of sel include bo ny standa ies of sec er of subso n is receiv	ystem to sub u state must e). cribers to the npute the nu of persons o ts receiving oth the amou and rate varia condary tran cribers and ing service t	e cab mbe r orga servi unt of ations smiss rate f	pers. Give nose existi ole system, r of subscr anizations ce). f the charg s within a p sion servic or each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again unde nas rate catego ers of services	dditional er "Servic ries for s that inclu	sets would b te to additiona econdary tran ude one or mo	e included al set(s)." nsmission ore secon	d in the cour service tha dary transm	nt und t are iissio	der "Servic different fr ns), list the	e to the om those em, together	
	BLC	DCK 1						BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF	SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		732 404	39.95 0.95						
	• FM radio (if separate rate) Motel, hotel									
	Commercial									
	Converter									
	Residential     Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscribe hose services the two exception or facilities furni- it in which it is rate column. e charged by the your cable sys- separate charged	er) inform hat are n hs: you d ished to usually b he cable s tem furni e was ma	aation with re ot offered in c o not need to nonsubscribe illed. If any ra system for ea shed or offere ade or establi	spect to a combination give rate rs. Rate in the are ch ch of the ed during	on with any information nformation s harged on a applicable s the account	secol conc hould varia ervic ing p	ndary trans ærning (1) d include b able per-pr es listed. æriod that	smission services ooth the ogram basis, were not	
		BLOC	CK 1						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE		CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	46.00		i <b>on: Non-res</b> I, hotel	idential			Promiu	m Channel	19.9
	Pay cable—add'l channel	+0.00		mercial				1 rennu		10.5
	• Fire protection		• Pay							
	•Burglar protection		• Pay	cable-add'l ch	annel					
	Installation: Residential			protection						
	First set	39.95	•	ar protection						
		40.05	Other se	ruiooo.						
	Additional set(s)	18.95								
	• FM radio (if separate rate)		• Reco	nnect						
	.,	4.95	• Reco • Disco							

				FORM SA1-2E. PAG
me	LEGAL NAME OF OWNER OF			SYSTEM I
	Spring City Cable TV, PRIMARY TRANSMITTERS:			
hary nitters: ision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p is with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRCB	3.1	N	Chattanooga, TN
	WRCB-2	3.1	N-M	Chattanooga, TN Chattanooga, TN
lecessary	WOOT	6.1	N	Chattanooga, TN Chattanooga, TN
,	WOOT-2	6.2	N-M	Chattanooga, TN
	WOOT-3	6.3	N-M	Chattanooga, TN
				<b>O</b> lation
	WOOT-4	6.4	N-M	Chattanooga, TN
	WOOT-4 WTVC	6.4 9.1	<u>N-M</u> N	Chattanooga, TN Chattanooga, TN
	WTVC	9.1		Chattanooga, TN
	WTVC WTVC-2	9.1 9.2	N N-M	Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3	9.1 9.2 9.3	N N-M N-M	Chattanooga, TN Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF	9.1 9.2 9.3 12.1	N N-M N-M N	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2	9.1 9.2 9.3 12.1 12.2	N N-M N-M N N-M	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3	9.1 9.2 9.3 12.1 12.2 12.3	N N-M N-M N N-M N-M N-M	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH	9.1 9.2 9.3 12.1 12.2 12.3 18.1	N N-M N-M N N-M N-M E	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2	N N-M N-M N N-M N-M E E E-M	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chatsworth, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3	N N-M N-M N N-M N-M E E E-M E-M	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chatsworth, GA Chatsworth, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3 WELF	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1	N N-M N-M N N-M N-M E E E-M E-M E	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1 23.2	N N-M N-M N-M N-M E E E-M E-M E-M E	Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chattanooga, TN Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3 WELF WELF-2	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1	N N-M N-M N N-M N-M E E E-M E-M E	Chattanooga, TN         Chatsworth, GA         Chatsworth, GA         Dalton, GA         Dalton, GA         Dalton, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1 23.2 23.3	N N-M N-M N N-M E E E-M E-M E E-M E-M	Chattanooga, TN         Chatsworth, GA         Chatsworth, GA         Dalton, GA         Dalton, GA         Chattanooga, TN
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3 WTCI	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1 23.2 23.3 45.1	N N-M N-M N-M N-M E E E-M E-M E-M E-M E-M E-M E-M	Chattanooga, TN         Chatsworth, GA         Chatsworth, GA         Dalton, GA         Dalton, GA         Dalton, GA
	WTVC WTVC-2 WTVC-3 WDEF WDEF-2 WDEF-3 WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3 WTCI	9.1 9.2 9.3 12.1 12.2 12.3 18.1 18.2 18.3 23.1 23.2 23.3 45.1 45.2	N N-M N-M N-M N-M E E E-M E-M E-M E-M E-M E-M E-M	Chattanooga, TNChattanooga, TNChattanooga, TNChattanooga, TNChattanooga, TNChattanooga, TNChattanooga, TNChatsworth, GAChatsworth, GAChatsworth, GADalton, GADalton, GADalton, GAChattanooga, TNChattanooga, TN

LEGAL NAME O			YSTEM:					SYSTEM I
Spring City	Cable TV, I	nc.						
PRIMARY TRA	NSMITTERS	: RADIO						
	-		arried on a separate and discre enerally receivable by your cab					Н
Special Instru	ctions Conce	rning A	II-Band FM Carriage: Under (	Copyright Office	regulations, ar	n FM sig	nal is generally	Primary
eceivable if (1)	) it is carried b	y the sys	stem whenever it is received a ived at the headend, with the s	at the system's h	eadend, and (2	2) it can	be expected,	Transmitters Radio
or detailed inf	ormation abou		opyright Office regulations on t		-			
aper SA1-2 fo		ا منعم م	anah atation corriad					
		-	each station carried. on is AM or FM.					
			nal was electronically process	sed by the cable	system as a se	eparate	and discrete	
			k mark in the "S/D" column.					
			ion (the community to which th			C or, in	the case of	
Mexican or Car	nadian station	s, if any,	the community with which the	e station is identi	fied).			
	1	1	1	_	-	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WRHA	AM	x	Spring City, TN					
NDNT	AM	Х	Dayton, TN					
NWQS	FM	X	Spring City, TN					
NDVX	FM	X	Clinton, TN					
NUUQ NUTC	FM FM	X	South Pittsburgh,TN Chattanooga, TN					
NUTC-HD2	FM	X	Chattanooga, TN					
WNML	FM	X	Oliver Springs, TN					
WNML	FM	Х	Friendsville, TN					
WSKZ	FM	Х	Chattanooga, TN					
WIVK	FM	X	Knoxville, TN					
WXCT WPLZ-HD2	AM	X X	Chattanooga, TN					
	FM	^	Ooltewah, TN					
	+							
	+							
	+	+						
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	<u>+</u>							
	+							
	+							

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Spring City Cable TV,	Inc.						0
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a distant stat	ion. that vour o	cable svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi	ist complete t	he program	
		, leave the	rest of this pag		res, you me		ine program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their r	meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.				,		<b>,</b> -	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		need by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day		tem carried the substitute			ith the mon	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.50 p.m. 500		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	/IES · TO	DELETION
						-		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Spring City Cable TV, Inc. 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 150,492.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 150,492.00
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4 \$ 37,184.00
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 186.47
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 186.47
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 206.47
	EFT Trace # or TRANSACTION ID # 26I6FE39
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Spring City C	OWNER OF CABLE SYSTEM: able TV, Inc.	SYSTEM ID#
M Channels	<ul><li>to its subscribe</li><li>1. Enter the tot system carrie</li><li>2. Enter the tot on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadca rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	1
for Further Information	Name	Walter Hooper	Telephone 423-365-7288
	Address	PO Box 729 (Number, street, rural route, apartment, or suite number)	
		Spring City, TN 37381 (City, town, state, zip)	
	Email	walter3@springcitycable.com Fax (optional)	
O Certification	I, the undersign     (Own     (Age     in     (Age     in	I (This statement of account must be certified and signed in accordance with Copyright Office r and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line and of owner other than corporation or partnership) I am the duly authorized agent of the owner of a line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity iden I line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact conta te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)] $\frac{X}{S} / S Walter Hooper}$ Enter an electronic signature on the line above to certify this statements of the statement of account of the statement of account is a statement of account and hereby declare under penalty of law that all statements of fact conta te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	1 of space B; or f the cable system as identified tified as owner of the cable system ained herein
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Walter Hooper         Title:       President         (Title of official position held in corporation or partnership)       06/17/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ng City Cable TV, Inc.	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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Line 1 Enter the amount of late payment or underpayment	85.92 Interest Assessme
Line 1 Enter the amount of late payment or underpayment	55.52
Line 1 Enter the amount of late payment or underpayment	1.86
Line 1 Enter the amount of late payment or underpayment	1.86 ays
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.